FEC FORM 1

Office

Use

Only

STATEMENT OF ORGANIZATION

THE PRILL Y HE THE SENATE

PAGE 1/6.

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FEC FORM 1

(Revised 06/2012)

| | | | Office Use Only |
|--|-----------------------------------|--|--|
| NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 |
| Thom Tillis Comr | nittee | | |
| | | | |
| ADDRESS (number and street) | PO Box 97396 | | |
| (Check if address | | | |
| is changed) | Raleigh | | NC 27624 |
| | CITY A | | STATE ▲ ZIP CODE ▲ |
| COMMITTEE'S E-MAIL ADDRE | | | |
| ☐ | Tillis@cmandco.com | 1111111111 | |
| | Optional Second E-Mail Addr | | |
| | | | |
| COMMITTEE'S WEB PAGE AD (Check if address is changed) | www.thomtillis.com | | |
| 2. DATE 03 / 01 | 5 2017 | | |
| ର୍ଷ FEC IDENTIFICATION NI | UMBER ▶ C CO | 0545772 | |
| NI 44 IS THIS STATEMENT (2015) | NEW (N) OR | × AMENDED (A) | |
| Lertify that I have examined the | his Statement and to the best of | of my knowledge and belief it i | s true, correct and complete. |
| ©) 'Type or Print Name of Treasure | McMichael, Collin, , , | | |
| | 11110 | .11 | |
| Signature of Treasurer | see 1 | well | Date 03 15 2017 |
| NOTE: Submission of false, erron | eous, or incomplete information n | nay subject the person signing th | is Statement to the penalties of 2 U.S.C. §437g. |

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

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| ٠. | | | DMMITTEE |
|----|---------------|-------------|--|
| | Cano | didate | Committee: |
| | (a) | × | This committee is a principal campaign committee. (Complete the candidate information below.) |
| | (b) | | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) |
| | Name Candi | | Tillis, Thom, R, , |
| | Candi | | Office State NC NC State NC |
| | Party | Affiliation | on REP Sought: , House 🔀 Senate President District |
| | (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| | Name Candi | | |
| | Part | y Con | mittee: |
| | (d) | | This committee is a (National, State or subordinate) committee of the Republican, etc.) Party. |
| | Polit | tical A | ction Committee (PAC): |
| | (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a |
| | | | Corporation Corporation w/o Capital Stock Labor Organization |
| | | | Membership Organization Trade Association Cooperative |
| | | | In addition, this committee is a Lobbyist/Registrant PAC. |
| | (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee) |
| | | | In addition, this committee is a Lobbyist/Registrant PAC. |
| | | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) |
| | Join | t Fund | Iraising Representative: |
| | (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. |
| | (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. |
| | | Com | nmittees Participating in Joint Fundraiser |
| | | 1. | FEC ID number C |
| | | 2. | FEC ID number C |
| | | 3. | FEC ID number |
| | | 4. | FEC ID number |
| | | | |

| Pa | a | е | 3 |
|----|---|---|---|
| | | | |

| w | rite or Type Committee Nan | ne | | |
|----|---|--|---|---|
| ٦ | Thom Tillis Co | mmittee | | |
| 6. | | Organization, Affiliated Committee, Joint F | undraising Representative, or L | eadership PAC Sponsor |
| TI | ILLIS MAJORITY C | OMMITTEE | | |
| L | | PO Box 97275 | | 1 |
| | Mailing Address | | | |
| | | Raleigh | NC 2 | 7624 |
| | | CITY | STATE | ZIP CODE |
| 7. | | ed Organization Affiliated Committee | | |
| | McMicha Full Name | ael, Collin, , , | | |
| | Mailing Address | PO Box 97275 | | 1 1 1 1 1 1 |
| | - | | 1111111 | |
| | | Raleigh | LLL LNC L | 17624 |
| | Title or Position | CITY | STATE | ZIP CODE |
| | Treasurer | | Telephone number 919 |] - <u>889</u>] - <u>1817</u> |
| 8. | Treasurer: List the name a any designated agent (e.g. | and address (phone number optional) of the assistant treasurer). | e treasurer of the committee; and | the name and address of |
| | 1 411 1141110 | ael, Collin, , , | | <u> </u> |
| | Mailing Address | PO 80x 97275 | 1 | |
| | | | <u> </u> | 111.1.1.1.1.1.1 |
| | | Raleigh CITY | NC 2 STATE | ZIP CODE |
| | Title or Position Treasurer | | Telephone number 919 | |
| | <u> </u> | | | |

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|--|-----------------|--------------------|----------------------------|--------------------------------|---|
| | | | | • | |
| Full Name of Designated Agent | Snyder, Kr | risten A, , | | | 111111 |
| Mailing Address | | 8510 Six Forks Roa | d | | |
| | | Suite 102 Raleigh | CITY | NC 27 | 615 LIP CODE |
| Title or Position Assistant Treas | surer | | | | - 518 - 804 |
| Banks or Othe safety deposit b Name of Bank, | oxes or main | ntains funds. | other depositories in whic | h the committee deposits funds | , holds accounts, rents |
| | Aquest | a Bank | | <u> </u> | <u>, , , , , , , , , , , , , , , , , , , </u> |
| Mailing Address | ; | 19510 Jetton Road | | 1 | |
| | | Cornelius | | , , , , , NC , , 28 | 031 |
| | | <u> </u> | CITY | STATE | ZIP CODE |
| | | etc. | · <u> </u> | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| Name of Bank, | Depository, e | | | | |
| Name of Bank, | Depository, 6 | 1.1.1.1.1.1 | 1 1 1 1 1 1 1 | 1 1 1 1 1 1 1 1 | |
| Name of Bank, Mailing Address | BB&T | 1909 K Street NW | | | |
| | BB&T | 1.1.1.1.1.1 | | ! ! ! ! ! ! ! ! . | |

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

| FEC Form 1S (Revised 06 | 5/2011) | | Page 5 |
|--|--|-------------------|--------------------------------------|
| Banks or Other Depositorles: safety deposit boxes or maintain Name of Bank, Depository, etc. | List all banks or other depositories in which the committe is funds. | e deposits funds, | holds accounts, rents [ADDITIONAL] |
| LBB&T | <u> </u> | | |
| Mailing Address | 6659 Falls of Neuse Rd | | |
| l | | | ليبييي |
| 1 | Raleigh | LNC | 27615 |
| | CITY 🙇 | STATE 4 | ZIP CODE 🛕 |
| Name of Any Connected Orga , Tillis-NRSC Committee | nization, Affiliated Committee, Joint Fundraising Repres | sentative, or Lea | [ADDITIONAL] dership PAC Sponsor |
| 1 | | | |
| | | | |
| Mailing Address | 228 S. Washington St | | |
| | Ste. 115 | | |
| | Alexandria | ا لنّا | 22314 |
| Relationship: | CITY ≜ | STATE . | ZIP CODE |
| Connected Organization | Affiliated Committee X Joint Fundraising Repres | sentative Le | eadership PAC Sponsor |
| Designated Agent | | | [ADDITIONAL] |
| Full Name | | 111-1-1- | |
| Mailing Address | | | |
| | | | |
| Title or Position | CITY & | STATE | ZIP CODE & |
| | Telephone | number | - |
| Joint Fundraiser Participant | | | [ADDITIONAL] |
| | | D number C | |
| | | <u> </u> | |

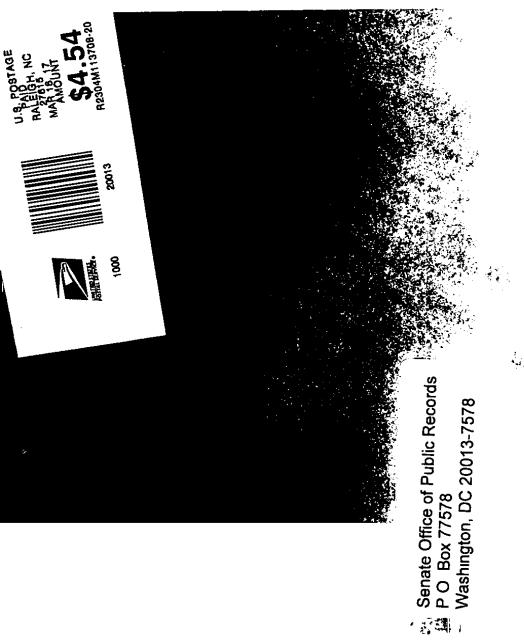
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FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

| | sed 06/2011) | | Page 6 |
|---|--|--------------------------------|-----------------------------------|
| Banks or Other Deposito safety deposit boxes or ma | | ne committee deposits funds, h | iolds accounts, rents |
| Name of Bank, Depository, | | | [ADDITIONAL] |
| · - | Çitizens Bank | | |
| Mailing Address | 7001 Falls of Neuse Rd | | |
| | | | |
| | Raleigh | LL L | 7615 |
| | CITY 🙇 | STATE 4 | ZIP CODE 🛕 |
| Name of Any Connected | Organization, Affiliated Committee, Joint Fundrals | sing Representative, or Lead | [ADDITIONA ership PAC Sponsor |
| | | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | | ا ليا ليب | سا-لىس |
| | CITY | STATE | ZIP CODE 🐇 |
| ationship: Connected Organization | | | ZIP CODE 🌰 |
| Connected Organization | | | dership PAC Sponsor |
| <u>-</u> | | | dership PAC Sponsor |
| Connected Organization Designated Agent | | | dership PAC Sponsor |
| Connected Organization Designated Agent Full Name | | | dership PAC Sponsor |
| Connected Organization Designated Agent Full Name | | | dership PAC Sponsor |
| Connected Organization Designated Agent Full Name | | | _ |
| Designated Agent Full Name Mailing Address | Affiliated Committee Joint Fundrais | sing Representative Lea | ADDITIONAL] |
| Designated Agent Full Name Mailing Address | Affiliated Committee Joint Fundrais | sing Representative Lea | ZIP CODE |
| Designated Agent Full Name Mailing Address | Affiliated Committee Joint Fundrais | STATE | ADDITIONAL] |
| Designated Agent Full Name Mailing Address Title or Position | Affiliated Committee Joint Fundrais | STATE | ZIP CODE |

C)



SCREENED BY THE SENATE POST OFFICE

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DANA K. MACCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232

WASHINGTION, DC 20510-7116

United States Senate

OFFICE OF THE SECRETARY

PHONE(202) 224-0322

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

| HAND DELIVERED Date of Receipt |
|--|
| USPS FIRST CLASS MAIL Date of Receipt: Postmark |
| USPS REGISTERED/CERTIFIED Postmak |
| USPS PRIORITY MAIL |
| Postmark |
| DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL |
| USPS EXPRESS MAILPostmark |
| OVERNIGHT DELIVERY SERVICE: |
| FEDERAL EXPRESS DELIVERY UPS DHL AIRBORNE EXPRESS |
| RECEIVED FROM FEDERAL ELECTION COMMISSION Date of Receipt |
| POSTMARK ILLEGIBLE NO POSTMARK |
| FAXDate of Receipt |
| OTHERDate of Receipt or Postmark |
| PREPARER DATE PREPARED 3 4/04/ |

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